

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)				GENERAL INFORMATION		FILING DATE	
				APPLICANT'S NAME <i>177d6A18</i>			
<i>5207-250000 CLAIMS</i>							
ITEM	AS FILED		AFTER REDUCTION BY INDEPENDENT CLAIMS		AFTER REDUCTION BY NON-INDEPENDENT CLAIMS		ITEM
	ITEM NO.	OCP.	ITEM NO.	OCP.	ITEM NO.	OCP.	
1							61
2							62
3							63
4							64
5							66
6							66
7							67
8							68
9							69
10							70
11							71
12	1		1				
13		1		1			
14			1				
15				1			
16					1		
17	1		1				
18		1		1			
19			1				
20				1			
21					1		
22						1	
23							73
24							74
25							75
26							76
27							76
28							77
29							78
30							79
31							80
32							81
33							82
34							83
35							84
36							86
37							86
38							87
39							88
40							89
41							90
42							91
43							92
44							93
45							94
46							96
47							96
48							97
49							98
50							99
TOTAL ITEM NO.							100
TOTAL OCP.							
TOTAL ITEM							
	17	18	18	24	24		